

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:

SPA #03-16

2. STATE:

Kansas

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.252

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$1,600,000

b. FFY 2004 \$7,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A
Page 299. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19-A
Page 29

10. SUBJECT OF AMENDMENT:

Disproportionate Share

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Janet Schalansky is the Governor's
Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//Janet Schalansky -- signature//

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary of Social & Rehabilitation Services

15. DATE SUBMITTED:

June 11, 2003

16. RETURN TO:

Janet Schalansky, Secretary
Social & Rehabilitation Services
Docking State Office Building
915 SW Harrison, Room 651S
Topeka, KS 66612-2210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 11, 2003

18. DATE APPROVED:

June 28, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Dennis G. Smith

21. TYPED NAME:

Dennis G. Smith

22. TITLE:

DIRECTOR, CM SO

23. REMARKS:

Methods and Standards for Establishing Payment Rates – Inpatient Hospital Care

An example of both the eligibility and payment adjustment computations are attached.

6.3000 Simultaneous Option 1 and Option 2 Eligibility

If a hospital is eligible under both 6.1000 and 6.2000 the disproportionate share payment adjustment shall be the greater of these two options.

6.4000 Request for Review

If a hospital is not determined eligible for disproportionate share payment adjustment according to 6.1000 or 6.2000, a hospital may request in writing a review of the determination within 30 days from the notification of the final payment adjustment amount. Any data supporting the redetermination of eligibility must be provided with the written request.

6.5000 Payment Limitations

If the payments determined exceed the allotment determined by CMS in accordance with section 1923(f) (1) (C) of the Social Security Act, then all hospitals eligible for disproportionate share shall have their disproportionate share payments reduced by an equivalent percentage which will result in an aggregate payment equal to the allotment determined by CMS.

All hospitals are limited to no more than the Kansas Medicaid inpatient portion of 100% of the cost of the uninsured plus the difference between the cost of the Kansas Medicaid inpatient services and the payments for Kansas Medicaid services. Data for both the uninsured and Medicaid cost and payments shall be based upon the Medicare cost report which must be available as of the start of the state fiscal year for which payments are to be made. The Kansas Medicaid inpatient portion is the ratio of Kansas Medicaid/MediKan inpatient days divided by total Medicaid/MediKan inpatient days. A cost determination of both the uninsured and the Kansas Medicaid inpatient costs shall be made upon receipt of an appropriate cost report.

During State Fiscal Year 2004 and 2005, the limitation on payment for Disproportionate Share (DSH) for Public (non State) Hospitals is no more than 175% of the total of the cost of the uninsured plus the difference between the cost of the Kansas Medicaid inpatient services and the payments for Kansas Medicaid services. There is no change in the limitation for either State or non Public hospitals. This change also applies to Section D2 thru D4 of the attached form.

JUN 28 2004

TN # MS 03-16 Approval Date _____ Effective Date 07/01/03 Supersedes TN#MS 99-17